

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

HOBBS OCD

NOV 03 2016

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Penroc Oil Corporation</i>	API Number <i>30-025-11443</i>
Property Name <i>Langlie JAL unit</i>	Well No <i>44</i>

7. Surface Location

UL - Lot <i>E</i>	Section <i>4</i>	Township <i>25S</i>	Range <i>37E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	---------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D Well YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJECTOR <i>INI</i> SWD	PRODUCER OIL ☐ GAS ☐	DATE <i>10.26.16</i>
--	--	----------------------------	---	-------------------------

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>Ø</i>			<i>Ø</i>	<i>390</i>
Flow Characteristics					
Puff	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	CO2 ☐
Steady Flow	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	WTR ☒
Surges	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	GAS ☐
Down to nothing	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	If applicable type
Gas or Oil	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	fluid injected for
Water	Y/ ☒ N	Y/N	Y/N	Y/ ☒ N	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Aggre</i>	OIL CONSERVATION DIVISION
Printed name: <i>Aggre Alexiew</i>	Entered into RBDMS
Title: <i>Controller</i>	Re-test
E-mail Address: <i>aggre@penrocoil.com</i>	
Date: <i>10/26/2016</i>	Phone: <i>575-492-1236</i>
Witness:	